



BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor
Mount Clemens, Michigan 48043
586-469-5125 FAX 586-469-5993
macombcountymi.gov/boardofcommissioners

MARCH 18, 2010

NOTICE OF MEETING

There will be a **Regular Meeting** of the **BOARD OF COMMISSIONERS** with a **Special Agenda** on **Thursday, March 25, 2010 at 5:30 p.m.**, on the 9th Floor of the Administration Building, in the Commissioners' Board Room, Mount Clemens.

SPECIAL AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Adoption of Agenda
5. Public Participation
6. **Interviews of Candidates for Boards & Commissions Appointments**

Board Appointment

- a) Cobo Citizens Advisory Council
- b) Community Mental Health Services Board

Appointment by Chairman with Concurrence of Board

- c) Cobo Citizens Advisory Council
- d) Community Corrections Advisory Board

Corinne Bedard
Committee Reporter

Note: As it was the consensus of the Ad Hoc Committee that established the appointment and interview process for appointments to Macomb County Boards and Commissions, it is not necessary for all commissioners to attend interviews and per the resolution establishing the attendance policy for commissioners, this is not a regularly scheduled meeting, it is not mandatory for all commissioners to attend.

MACOMB COUNTY BOARD OF COMMISSIONERS

Andrey Duzij - District 1
Marvin E. Sauger - District 2
Phillip A. DiMaria - District 3
Toni Mocerri - District 4
Susan L. Doherty - District 5

Sue Rocca - District 7
David Flynn - District 8
Robert Mjac - District 9
Ken Lampar - District 10
Ed Szezepanski - District 11

James L. Carabelli - District 12
Don Brown - District 13
Brian Brdak - District 14
Keith Renger - District 15
Carey Torrice - District 16

Paul Gieleghem
District 19
Chairman

Ed Bruley - District 17
Dana Camphous-Peterson - District 18
Irene M. Kepler - District 21
Frank Accavitti Jr - District 22

Kathy Tocco
District 20
Vice Chair

Joan Flynn
District 6
Sergeant-At-Arms

William A. Crouchman - District 23
Michael A. Boyle - District 24
Kathy D. Vosburg - District 25
Jeffery S. Sprys - District 26

- **Appointments made by Vote of the Board:**

***Cobo Citizens Advisory Council**

One vacancy for 4 year term starting April 1, 2010 to March 31, 2014:

7 applications received, from:

Frank P. Benson

Patrick DeLaere

Robert A. DeSalvio

Stanley John Simek, Jr.

Lawrence B. Thomas

David B. Weaver

Otto A. Wilhelm

Community Mental Health Services Board

Four vacancies for 3 year terms starting April 1, 2010 to March 31, 2014:

5 applications received, from:

Seeking reappointment: Patricia Bill

Louis J. Burdi

Linda K. Busch

Rose Mrosewske

Seeking appointment: Mark Michael Koroi

- **Appointments made by Board Chair:**

***Cobo Citizens Advisory Council**

One vacancy for 4 year term starting April 1, 2010 to March 31, 2014:

Concur memo from Board Chair appointing Roger Petri

Community Corrections Advisory Board

Three vacancies for 3 year terms starting April 1, 2010 to March 31, 2014:

Concur memo from Board Chair reappointing:

Honorable Peter J. Maceroni, District Court Judge

Honorable Pamela G. O'Sullivan, Circuit Court Judge

Honorable Joseph Craigen Oster, Probate Court Judge

* Note FYI: The Cobo Citizens Advisory Board is established by PA 554 of 2008, Section 11 and is described as: An authority to provide public input and advise the board. Shall consist of 8 members: 1 resident of qualified city appointed by local CEO; 1 resident of qualified city elected by legislative body of the city; 1 county resident appointed by each local CEO for each county within the qualified metro area; and, 1 county resident appointed by the legislative body for each county.

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note only legible applications can be considered)

I, FRANK P. BENSON, hereby make application for appointment to THE COBO
Name
HALL ADVISORY for 4 from April, 2010
Name of Board or Commission Number of years Exact Dates of Appointment
to March 31, 2014.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 22506 LAKECREST S.C.S 48081
Street City Zip
MACOMB and have since 1959
County

Mailing address if different than above: _____

Telephone: 586-774-1935 Cell Phone: 586-709-6442

Email: FRANK.BENSON@MILLWRIGHTS1102.ORG

2. I am at least 18 years of age: Yes No
3. I am currently registered to vote: Yes No
4. Citizen of U.S.A.
Country

5. Employer: MICHIGAN REGIONAL OF CARPENTERS
Telephone: 313-832-3887

- a. Indicate nature of your work: FINANCIAL SECRETARY DIRECTOR OF
- b. Title: MILLWRIGHTS LOCAL 1102

6. Educational level and degrees received: HIGH SCHOOL GRAD 12 yrs.
4 YEARS APPRENTICESHIP MILLWRIGHTS LOCAL 1102
SOME COLLEGE & CONTINUING EDUCATION

7. I presently hold the following appointments and elected positions:

<u>MEMBER ST. CLAIR SHORES T.I.F.A. BOARD</u>	
Title	Appointment or Election Date
<u>FINANCIAL SECRETARY/DIRECTOR MILLWRIGHTS LOCAL 1102</u>	
Title	Appointment or Election Date
<u>EXEC BOARD</u>	
<u>WARDEN-MI. REGIONAL COUNCIL OF CARPENTERS</u>	
Title	Appointment or Election Date

8. Previously held appointments and/or elected positions:

<u>ST. CLAIR SHORES CITY COUNCIL</u>	<u>JUNE/96 - DEC 2000</u>
Title	Dates Served
<u>ST. CLAIR SHORES PARKS + REC.</u>	<u>6/94 - 12/2000</u>
Title	Dates Served
"	"
<u>ZONING BOARD OF APPEALS</u>	<u>6/94 - 12/96</u>
Title	Dates Served
"	"
<u>TREN ADVISORY</u>	<u>6/97 - 12/2000</u>
Title	Dates Served

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

NONE

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

NONE

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

N/A

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? _____

Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

13. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

FAMILIAR WITH COBO HALL AND THE WORK IT GENERATES FOR THE BUILDING TRADES MEMBERS. FAMILIAR WITH CONSTRUCTION, I WAS A FIELD SUPERINTENDANT FOR 8 YEARS FOR A FULL SERVICE CONTRACTOR. A MILLWRIGHT IN THE BUILDING TRADES FOR 34 YEARS, HOLDING POSITIONS OF TREASURER, VICE PRESIDENT, PRESIDENT, BUSINESS AGENT UNTIL SEPT. 2009, WHEN I WAS ELEVATED TO THE MRCC EXECUTIVE BOARD AND FINANCIAL SECRETARY POSITION.

I hereby apply for appointment to COBO HALL ADVISORY and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of
my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said
appointed position; (3) I hold no position or appointment which is a conflict of interest with the
appointed position applied for; and (4) to the best of my knowledge and belief, I possess the
requisite qualifications for the office I am seeking.

Frank P. Benson
Signature
FRANK P. BENSON
Name (Print or Type)

Subscribed and sworn to before me this
23RD day of February, 2010.

Noreen F. Hayes
Notary Public
Macomb County, Michigan

MOREEN F. HAYES
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Jun 7 2013
2013 IN COUNTY OF macomb

My commission expires: 6-17-13

Note: Applicants may – but it is not required – attach additional information
pertaining to this Application for Appointment if attachments do not exceed
the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: _____

Chair Review for Compliance: _____
(Commissioner Sign-off)

**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note only legible applications can be considered)

I, PATRICK L. DeLaere, hereby make application for appointment to Cobo Center
Name
Citizen Advisory Council for 4 from April 1, 2010
Name of Board or Commission Number of years Exact Dates of Appointment
to March 31, 2014.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 43589 River Bend DR. N. CLINTON TWP. MI 48038
Street City Zip
Macomb and have since MAY 2000.
County

Mailing address if different than above: _____

Telephone: 586-783 6893 Cell Phone: 586-245-4821

Email: ps delaere @ yahoo.com

- 2. I am at least 18 years of age: Yes No
- 3. I am currently registered to vote: Yes No
- 4. Citizen of U. S. A.
Country
- 5. Employer: Retired

Telephone: _____

a. Indicate nature of your work: _____

b. Title: _____

6. Educational level and degrees received: High School
Wolverine school of TRAdS (Automotive)

7. I presently hold the following appointments and elected positions:

Title	Appointment or Election Date

8. Previously held appointments and/or elected positions:

Title	Dates Served

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

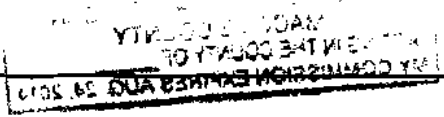
11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? _____

Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____



9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

Member: Michigan Conference of Teamsters since 1960 (CONTRACT NEGOTIATOR 1965)
(Election Committee 1982)

Former Business owner: City of Detroit - Cass Corridor

Member (30yr) Belgian American Century Club (Founded 1913 - Current President)

Member (30yr) Belgian American Association (Founded 1927)

It is imperative that Cobo Center maintain its position in the convention, business shows and social activities into the 21st century. Not only for the betterment of Macomb County, but for all of South-eastern Michigan. We must improve its physical appearance, as well as its personal impression as a GO TO PLACE.

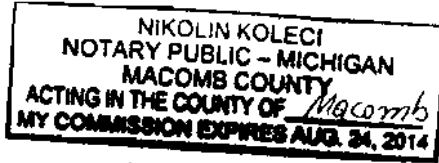
I hereby apply for appointment to Cobo Center Citizen Advisory Council and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Patrick L. DeLaere
Signature

PATRICK L. DeLaere
Name (Print or Type)

Subscribed and sworn to before me this 8th day of March, 2010.

Nikolin Koleci
Notary Public
Macomb County, Michigan



My commission expires: Aug 24, 2014

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: _____

Chair Review for Compliance: PK
(Commissioner Sign-off)

**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note only legible applications can be considered)

I, Robert A. DeSalvio, hereby make application for appointment to Coba Citizens Advisory Council
Name
_____ for 4 from April 1, 2010
Name of Board or Commission Number of years Exact Dates of Appointment
to March 31, 2014

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 37462 Casa Bella Ct. Clinton Twp. Mi.. 48036
Street City Zip
Macomb and have since 2006 (28 year Clinton Twp. Resident)
County

Mailing address if different than above: _____

Telephone: 586-228-2803 Cell Phone: 586-484-7716

Email: desalvior@aol.com

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizen of United States
Country

5. Employer: DeSalvio Construction Co. Inc.

Telephone: 586-939-4943

a. Indicate nature of your work: General Contractors

b. Title: President

6. Educational level and degrees received: 2 Years Wayne State University

7. I presently hold the following appointments and elected positions:

None

Title	Appointment or Election Date
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Title	Appointment or Election Date
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Title	Appointment or Election Date
-------	------------------------------

8. Previously held appointments and/or elected positions:

None

Title	Dates Served
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Title	Dates Served
-------	--------------

Title	Dates Served
-------	--------------

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

No

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

No

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

None

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? _____

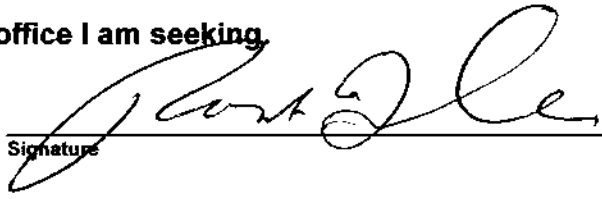
Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

Thirty Five years as a business owner. General Contractor and Developer
Viet Nam Combat Disabled Combat Veteran

I hereby apply for appointment to Cobo Citizens Advisory Council and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.



Signature
Robert A. DeSalvio

Name (Print or Type)

Subscribed and sworn to before me this
17 day of February, 2010.



Notary Public
Macomb County, Michigan



TRACY BOCH
Notary Public, State of Michigan
County of Macomb
My Commission Expires Jan. 22, 2015
Acting in the County of Macomb

My commission expires: 1-22-2015

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: _____
Chair Review for Compliance: _____
(Commissioner Sign-off)

P.O. Box 380983, Clinton Township, MI 48038 • 586.949-4943 • desalvior@aol.com

Robert A. DeSalvio

Educational Experience

Macomb Community College- Warren, MI

- 1969-1970
- Area of Study: Business

Wayne State University- Detroit, MI

- 1971-1973
- Area of Study: Business/Pre Law

Professional Experience

Service Disabled Vietnam Combat Veteran

September 1967- September 1968

- Service # US54957088

Robert Anthony Contractors- Eastpointe, MI/Clinton Township, MI

President: 1985-2005

- Permanent ID # 2102076969
- Union based full service General Contractor and Construction Manager
- Specialized in institutional projects: banks, restaurants and industrial buildings

DeSalvio Construction Inc.,- Clinton Township, MI and Williamsburg, Va.

President: 1973 – Present

www.desalviogroup.com

- Permanent ID # 2102058980 (Mi) / 2705 11904A (Va.)
- Full Service General Contractor and Construction Manager
- Specialize in Property Management, Space Planning, Facility Management and Lease Management
- Manage ground up site development and remodel projects
- Managed a 9 million dollar/68,000 sq. foot project with 28 acres of paved parking
- Projects in commercial, industrial, office/medical, restaurants and interior/exterior renovations

Skills

- Over 35 years of hands on experience in the construction field
- Knowledge in Site Utility, Paving and Architectural Trades
- Expertise in the field of development and General Construction Management
- Certified and Insured

References

Thomas Hakim- President: Hakim Financial, Inc.

22525 Hall Rd Suite D
Macomb, MI 48042
586.206.5445

Mike Signorello- President: Signorello Cement Co., Inc.

35740 Hawthorne Dr.
Clinton Township, MI 48035
810.790.1238

**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note only legible applications can be considered)

I, Stanley John Simek Jr., hereby make application for appointment to Cobo Citizens Advisory Council
Name
to Cobo Citizens Advisory Council for 4 years from March 25, 2010 to April 1, 2014
Name of Board or Commission Number of years Exact Dates of Appointment
to

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 21728 Francis Saint Clair Shores 48082
Street City Zip
Macomb and have since 1988
County

Mailing address if different than above: _____

Telephone: 586-296-7011 Cell Phone: 586-907-4854
Email: ssimek3@comcast.net

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizen of United States
Country

5. Employer: Children's Hospital of Michigan

Telephone: 313-745-9344

a. Indicate nature of your work: Fundraising

b. Title: Personal Giving Officer

6. Educational level and degrees received: Bachelor of Arts in Radio and Television, Wayne State University

Master's Degree in Public Relations and Organizational Communications, Wayne State University

7. I presently hold the following appointments and elected positions:

Title	Appointment or Election Date
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Title	Appointment or Election Date
-------	------------------------------

Title	Appointment or Election Date
-------	------------------------------

8. Previously held appointments and/or elected positions:

Title	Dates Served
-------	--------------

Title	Dates Served
-------	--------------

Title	Dates Served
-------	--------------

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

NO

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

NO

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? _____

Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

I am very involved in the community where I live Saint Clair Shores and the community where I work Detroit.

I believe the creation of the Cobo Regional Authority is a positive step forward for southeast Michigan and I want to play a role in the transition.

I hereby apply for appointment to Cobo Citizens Advisory Council and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Stanley John Simek Jr.
Signature

Stanley John Simek Jr.
Name (Print or Type)

Subscribed and sworn to before me this
19 day of February 2010.

Kay L. Doptis
Notary Public
Macomb County, Michigan

My commission expires: 6/7/2012

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: _____

Chair Review for Compliance: PS
(Commissioner Sign-off)

References for Stanley John Simek Jr.

Community References

Mayor Robert A. Hison
The City of St. Clair Shores
27600 Jefferson Circle Drive
St. Clair Shores, MI 48081
(586) 772-9027

Diana J. Rascano
Leadership Macomb Board of Directors
29634 Jefferson Ave
Saint Clair Shores, MI 48082
(586) 296-8470

Business Reference

Mike Scott
140 Eagle Point Drive
Rossford, OH 43460-1041
(419) 343-7222

Personal References

Mark Vanden Boom
19825 Chalon
St. Clair Shores, MI 48080
(586) 775-6613

Anthony Schneider
35143 Kings Forrest Blvd.
Clinton, MI 48035
(586) 790-1958

Academic Reference

Matthew Seeger
Professor and Chair
The Department of Communication
Wayne State University
585 Manoogian Hall
Detroit, MI 48201
(313) 577-6299

Summary of Education and Affiliations for Stanley John Simek Jr.

Education

CENTER on PHILANTHROPY at INDIANA UNIVERSITY

Certificate in Fundraising Management

WAYNE STATE UNIVERISTY

Master's Degree in Public Relations and Organizational Communications

Bachelor of Arts in Radio and Television

Affiliations

WAYNE STATE UNIVERSITY

College of Fine, Performing and Communication Arts Alumni Association –Past President

School of Business Administration Alumni Association-Vice President of Membership

CITY OF ST. CLAIR SHORES

City of St. Clair Shores Cultural Committee-Chairman

The Shores Property Enhancement Committee-Chairman

MACOMB COUNTY

Leadership Macomb Class of 2008-2009

APPLICATION FOR APPOINTMENT
 MACOMB COUNTY BOARD OR COMMISSION
 (Please note only legible applications can be considered)

I, Lawrence B. Thomas, hereby make application for appointment to Coba Citizens Advisory Council
Name

Name of Board or Commission for 4 Number of years from April 1, 2010 Exact Dates of Appointment
 to March 31, 2014.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
 COUNTY OF MACOMB)

1. I reside at 16878 East Pointe Dr Roseville 48066
Street City Zip
Macomb and have since 1975
County

Mailing address if different than above: _____

Telephone: 586-774-5747 Cell Phone: _____
 Email: lbthomas20@hotmail.com

2. I am at least 18 years of age: Yes No
3. I am currently registered to vote: Yes No
4. Citizen of United States
Country
5. Employer: Jefferson Wells International
 Telephone: 248-350-3006

- a. Indicate nature of your work: business consulting
- b. Title: Professional

6. Educational level and degrees received: Masters/Finance

7. I presently hold the following appointments and elected positions:

No

Title	Appointment or Election Date
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Title	Appointment or Election Date
-------	------------------------------

Title	Appointment or Election Date
-------	------------------------------

8. Previously held appointments and/or elected positions:

No

Title	Dates Served
-------	--------------

Title	Dates Served
-------	--------------

Title	Dates Served
-------	--------------

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

No

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

No

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

None

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? _____

Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

I am a long time resident of Macomb County and as such am cognizant of the importance
a viable functional Cobo Hall would have for the tri-county area.

Conventions bring a large influx of people and money that is much needed
to the local economy. I have worked in business my whole life, and
am not aligned with any political faction.

I hereby apply for appointment to Cobo Citizens Advisory Council and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of
my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said
appointed position; (3) I hold no position or appointment which is a conflict of interest with the
appointed position applied for; and (4) to the best of my knowledge and belief, I possess the
requisite qualifications for the office I am seeking.

Lawrence B. Thomas
Signature

Lawrence B. Thomas
Name (Print or Type)

Subscribed and sworn to before me this
11 day of March, 2010.

Kay L. Doptis
Notary Public
Macomb County, Michigan

My commission expires: 6/7/2012

Note: Applicants may – but it is not required – attach additional information
pertaining to this Application for Appointment if attachments do not exceed
the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: PG

Chair Review for Compliance: _____
(Commissioner Sign-off)

Lawrence B. Thomas, M.S.

Roseville, MI 48066

C: 586.774.5747

lbthomas20@hotmail.com

FINANCIAL EXECUTIVE

Manufacturing | Professional Services | Internal Audit

Accomplished business professional with solid background in accounting operations, finance, audit, management reporting, and client relations. Excels at problem solving, with ability to identify complex and hidden problems due to lack of accounting infrastructure, internal controls, processes, training, and mentoring. History of implementing cost-saving measures which lead to current and future improved profitability.

Accounting Operations
Budgets / Forecasts
Burden Rates
Consolidations
Contract Reviews

Cost Accounting
Credit / Collections
Financial Reporting
Fixed Assets
General Ledger Reconciliations

Inventory Management
Management Reporting
Process Improvements
Team Leadership
Variance Analysis

PROFESSIONAL BACKGROUND

JEFFERSON WELLS INTERNATIONAL, Subsidiary of Manpower, Inc., Southfield, MI
Provider of business services to all industries with \$300M revenues.

PROFESSIONAL

Handle client assignments with average length of 4 months, which always require rapid learning for new operating and financial reporting systems.

Audit

- Performed contract reviews for OEM and recovered \$8.5M.
- Audited and approved several year-end physical inventories for tier two clients.
- Member of audit team for fixed asset review with complex general ledger reconciliation for 10 facilities.

Finance

- Identified saleable surplus equipment and reduced personal property taxes.
- Fulfilled several interim divisional controller assignments with timely and accurate financial reporting and implemented several process improvement initiatives.

Client Relations

- Organized and completed 3-year bank reconciliation. Designed reconciliation template used by the client as a master for multiple divisions going forward.

PROCESS SYSTEMS INC., Subsidiary of Crane Pumps & Valves, Warren, MI
Manufacturer of vertical fluid pumps for various industries with \$25M revenues.

DIVISION CONTROLLER, Staff of 5

COST ACCOUNTANT

Managed staff for accounts receivable, accounts payable, cost accounting, IT, human resources payroll and benefits, commissions, credit and collections. Provided analysis and financial reporting to corporate offices.

- Managed system conversion from OS to Thoroughbred, and then to a Hyperion-based system used by Crane corporate offices. Project took 3 months, including staff training, and was completed within budget.
- Financial advisor to manufacturing Team developing forecasts and achieving goals.

U.S. MANUFACTURING CORPORATION, Roseville, MI
Manufacturer of automotive axle components and steering assemblies with \$60M revenues.

ACCOUNTING SUPERVISOR | Staff of 3

Managed daily accounting and finance operations including monthly close, variance analysis and account reconciliations. Served as assistant controller, cost accountant and AP/AR supervisor.

- Developed annual burden rates and budget studies.

**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note only legible applications can be considered)

I, David B. Weaver, hereby make application for appointment to Cobo Citizens Advisory Council
Name
for 4 Number of years from April 1, 2010 Exact Dates of Appointment
to March³¹, 2014 Name of Board or Commission

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 57558 Suffield Dr. Washington, 48094
Street City Zip
Macomb and have since October, 2008
County

Mailing address if different than above: _____

Telephone: 586-781-3424 Cell Phone: 586-604-9171
Email: davidweaver2@comcast.net

- 2. I am at least 18 years of age: Yes No
- 3. I am currently registered to vote: Yes No
- 4. Citizen of United States of America
Country
- 5. Employer: PT Tech Stampings
Telephone: 586-293-1810

a. Indicate nature of your work: Prototype Sheet Metal Stamping Supplier
b. Title: Shipping and Receiving Coordinator

6. Educational level and degrees received: BA, Communications Studies, University of Detroit-Mercy; 1984 Associate of Arts, Macomb Community College; 1981

7. I presently hold the following appointments and elected positions:

N/A

Title	Appointment or Election Date
-------	------------------------------

N/A

Title	Appointment or Election Date
-------	------------------------------

N/A

Title	Appointment or Election Date
-------	------------------------------

8. Previously held appointments and/or elected positions:

N/A

Title	Dates Served
-------	--------------

N/A

Title	Dates Served
-------	--------------

N/A

Title	Dates Served
-------	--------------

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

No

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

I have no conflict of interest.

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

None.

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? _____

Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

I have a strong concern for, and great belief in the City of Detroit and the County of Macomb. Feeling that what is planned for or happening to Cobo has a strong rippling effect on our region. What is good for Cobo Hall is going to be good for us. I have an unbiased view of the situation and come in with my eyes wide open. I am dedicated to completing assigned tasks, have strong verbal and written skills, plus energy to help make this Council work. I have Micro-Soft Office skills to bring to the position also.

I hereby apply for appointment to COBO CITIZENS ADVISORY COUNCIL and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

David B Weaver
Signature

David B. Weaver
Name (Print or Type)

Subscribed and sworn to before me this
8 day of MARCH, 2010.

Caroline G. Chetosky
Notary Public
Macomb County, Michigan

CAROLINE G. CHETOSKY
Notary Public, Macomb County, Michigan
Acting in Macomb County
My Commission Expires Nov. 15, 2011

My commission expires: 11-15-2011

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: FG
Chair Review for Compliance: _____
(Commissioner Sign-off)

March 5, 2010

Mr. Paul R. Gielegem
Chair, Macomb County Board of Commissioners
1 S. Main St., 9th Floor
Mt. Clemens, MI 48043

re: COBO CITIZENS ADVISORY COUNCIL

Mr. Gielegem:

It's with great interest and passion that I write to you and the Board to express my sincere desire to be selected to the inaugural Cobo Citizens Advisory Council. The Regional Convention Facility Authority Act that created this council should be applauded for including this citizens council to obtain unbiased feedback from residents of the tri-county area who indeed have a stake in what happens to Cobo and Detroit.

I imagine this council working with the Cobo Authority offering valuable input and advice that perhaps was not always welcomed or offered before. It is long past time to point fingers and look back wards at mistakes, unless you only want to learn from them. Instead, now is the golden opportunity to move forward to make Cobo successful and use it as a tool to entice conventions and visitors to Detroit.

Allow me the opportunity to be a part of this new Cobo Citizens Advisory Council so that I may play a role in the success story that is waiting to happen in Detroit.

Sincerely,



David B. Weaver
57558 Suffield Dr.
Washington , MI 48094
God Bless America!

DAVID B. WEAVER

57558 Suffield Drive
Washington, Michigan 48094

Cell Phone: 586-604-9171
Email: davidweaver2@omcast.net

PROFILE: Sincere, loyal and dedicated individual professional who rises to meet and exceed challenges. Self motivated, able to work well both independently and/or as a team player. Seeking a position that best utilizes my sales, administrative, writing, and customer service skills with a company that offers opportunity to excel and develop.

EXPERIENCE:

PT Tech Stamping, Inc.

June 2009 – Present

Shipping and Receiving Coordinator Prototype parts manufacturer.

- Member of fast paced department responsible for expeditious shipping of proto-type parts to customers.
- Receive and distribute materials crucial to day-to-day operations insuring un-interrupted work flow.
- Inventory parts and tooling and arrange for warehouse storage.
- Purchase critical shop supplies intended to keep an efficient and safe workforce.

METRO TECHNOLOGIES, LTD., Troy, Michigan

October 1989-February 2009

Project Coordinator – Sales. Automotive tooling manufacturer.

- Provided daily operations support to General Foreman and Vice President.
- Created and presented detailed manufacturing quotes that notably improved sales.
- Successfully identified and resolved customer concerns both during and after projects.
- Managed and scheduled operations for the CMM check room, Cad Room, and N/C Mills.
- Assisted with initial and continuing QS/ISO accreditation.

K-Mart Corporation, Shelby Twp., MI

November 2008-Present

Sales and Stock Clerk. Part time employment at this busy national retailer. Customer service from purchase selection to vehicle loading. General shelf and stock maintenance. Receiving/unloading merchandise from trucks.

BRONER HAT AND GLOVE COMPANY, Auburn Hills, Michigan

1987-1989

Inside Sales Territory Manager.

- Consistently exceeded yearly sales goals.
- Canvassed supplied leads to expand customer base.
- Increased sales through enhanced service to client base, expanding my role from taking orders to pro-actively providing new product data and benefits that expanded each client's sales volume.
- Aggressively attended and networked at trade shows to spotlight product line and further expand client base.

EDUCATION:

UNIVERSITY OF DETROIT – MERCY, Detroit, Michigan

Bachelor of Arts Degree in Liberal Arts, 1984.
President-Public Relations Student Society of America
Advertising Manager-Student run campus newspaper. "The Varsity News"
Student Athlete-Cross Country and Track Teams

MACOMB COMMUNITY COLLEGE, Warren, Michigan

Associates Degree in General Studies, 1982.
Student Athlete-Cross Country and Track Teams

Continuing Education

Walsh College, Troy, MI - Project Management Fundamentals-Workshop

Macomb Community College - Fundamentals of GD & T

Utica Community Schools - Microsoft Office 2003 Essentials

Toastmasters International - Member, March, 2009

PERSONAL: Completed 7 marathons: Including 2003 **Boston Marathon** (3:49:44) and 2005 **Chicago Marathon** (3:30:56)

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note only legible applications can be considered)

I, OTTO A. WILHELM, hereby make application for appointment to COBO
Name
AUTHORITY for X 4 from April 1, 2010
Name of Board or Commission Number of years Exact Dates of Appointment
to March 31, 2014.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 16405 CHARLESTON ROSEVILLE 48066
Street City Zip
MACOMB and have since NOV. 19 1977.
County

Mailing address if different than above: N/A

Telephone: 586-777-7817 Cell Phone: 586-219-5101

Email: OTTOW46@GMAIL.COM

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizen of UNITED STATES
Country

5. Employer: COMMUNITY CENTRAL BANK

Telephone: 586-783-4500

a. Indicate nature of your work: BANKING

b. Title: VICE PRESIDENT

6. Educational level and degrees received: BACHELOR OF SCIENCE
IN BUSINESS ADMINISTRATION

7. I presently hold the following appointments and elected positions:

Title	Appointment or Election Date
<u>SECRETARY/TREASURER MACOMB COUNTY BROWNFIELD REDEVELOPMENT</u>	<u>SINCE INCEPTION</u>
<u>CHAIRPERSON CITY OF ROSELILLE PLANNING COMMISSION</u>	<u>MARCH 1993</u>

8. Previously held appointments and/or elected positions:

Title	Dates Served
<u>NA</u>	

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

NO

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

NONE

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

NONE

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? _____

Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

PLEASE SEE MY RESUME, MY BANKING BACKGROUND WHICH MAKE ME NEGOTIATE WITH PEOPLE DURING DISTRESSFUL SITUATIONS. MY BUSINESS DEGREE WILL HELP ME UNDERSTAND FINANCING. MY CURRENT VOLUNTEER POSITIONS WILL HELP ME UNDERSTAND ON HOW TO WORK FOR THE BEST RESULT IN A GROUP LIKE THIS

I hereby apply for appointment to COBO AUTHORITY and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Otto A. Wilhelm

Signature

OTTO A. WILHELM

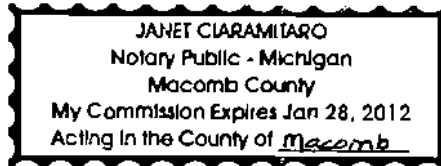
Name (Print or Type)

Subscribed and sworn to before me this
22nd day of February, 2010.

Janet Ciaramitaro

Notary Public
Macomb County, Michigan

My commission expires: 1-28-2012



Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: _____ PK _____

Chair Review for Compliance: _____
(Commissioner Sign-off)

Otto Adam Wilhelm
16405 Charleston
Roseville, Michigan 48066
(586) 777-7817
E-mail ottow46@gmail.com
Business Experience

- Dec., 2009 COMMUNITY CENTRAL BANK
to 120 North Main Street
Present Mt Clemens, Michigan 48043
POSITION: Vice President, Special Assets
DUTIES: Manage the Bank's non-performing loan portfolio.
- August , 2008 WARREN BANK
to 30068 Schoenherr Road
Dec., 2009 Warren, Michigan 48088
POSITION: Vice President, Special Assets.
DUTIES: Manage the Bank's non-performing loan portfolio which has a high concentration of real estate. Work with builders, developers, realtors home owners associations and home buyers to maximize the return of the Bank's investment.
- March, 1982 BANK OF AMERICA (formally known as LASALLE BANK
to MIDWEST N.A. and MICHIGAN NATIONAL BANK)
July, 2008 2600 West Big Beaver
Troy, Michigan 48084
POSITION: First Vice President , Financial Restructuring and Recovery Department, since October 1996.
DUTIES: My responsibilities included; a) restructuring troubled credits, b) working out of non-performing commercial loans, including large participation loans, as a member of the group or as the agent, and, c) selling property, real and personal, that the Bank has taken back from defaulted loans. I have also managed and trained up to 10.5 team members to perform these duties.

Education

WAYNE STATE UNIVERSITY Detroit, Michigan
Bachelor of Science in Business Administration – Finance Major, 1996

Personal

16-year Member and Chairperson, City of Roseville Planning Commission
8-year Member and Secretary/Treasurer, Macomb County Brownfield Redevelopment Authority.
UNITED STATES ARMY, Sergeant E-5, Armored Intelligent Specialist, Honorable Discharge.
28-year Member, Boy Scouts of America, currently serving on the Michigami District Training Committee.

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note only legible applications can be considered)

I, Gerald G. Zade, hereby make application for appointment to Cobo Center
Name
Citizen's Advisory Council for 4 from 2.0.10
Name of Board or Commission Number of years Exact Dates of Appointment
to 2014.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 23301 Kelly Apt. 1 Eastpointe 48021
Street City Zip
Macomb and have since 1985
County

Mailing address if different than above: _____

Telephone: (586) 777-9142 Cell Phone: _____

Email: _____

2. I am at least 18 years of age: Yes No
3. I am currently registered to vote: Yes No

4. Citizen of USA
Country

5. Employer: Retired

Telephone: _____

- a. Indicate nature of your work: Security & Maintenance
b. Title: Security Manager

6. Educational level and degrees received: Bachelor of Arts *
Master of Arts

7. I presently hold the following appointments and elected positions:

None

Title	Appointment or Election Date

8. Previously held appointments and/or elected positions:

Title	Dates Served

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

No

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

No

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

None

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? _____

Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

I have been a lifelong resident of the tri
county area. I have always had a deep
interest in the affairs of this metropolitan
region, and I believe I have the education
and practical experience to be of benefit to
the citizens of Macomb County.

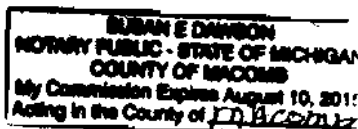
I hereby apply for appointment to Coba Center Citizens Advocacy and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Gerald G. Zode
Signature

Gerald G. Zode
Name (Print or Type)

Subscribed and sworn to before me this
19th day of February, 2010.

Susan E. Dawson
Notary Public
Macomb County, Michigan



My commission expires: 8-10-2015

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: _____

Chair Review for Compliance: PE
(Commissioner Sign-off)

GERALD G. ZADE
23301 Kelly Road Apt. # 2
Eastpointe, Michigan 48021
(586) 777-9142

EDUCATION

EASTERN MICHIGAN UNIVERSITY, Ypsilanti, MI
Major: Social Sciences
Degree: Master of Arts

ST. MARY OF THE PLAINS COLLEGE, Dodge City, KS
Major: American History
Minors: English, Physical Education
Degree: Bachelor of Arts

EXPERIENCE

CENTRAL MAINTENANCE SERVICES, Highland Park, MI
Security Manager / 1996 - 2002
Developed a security force that was responsible for six locations.
Duties included hiring and training personnel, and developing individual security programs for each location.

HAMTRAMCK PUBLIC SCHOOLS, Hamtramck, MI
Coordinator / Spring 1996
Ran the "School to Work" program for the Hamtramck School System. Duties included identifying businesses that were willing to participate in a program that offered an opportunity for students to learn job skills. Responsible for initial contacts and organizing the entire certification process.

PREMIERE PIE COMPANY, Detroit, MI
Sole Proprietor / 1984 - 1991
Established company from the ground floor. Studied market to determine customer needs, and created steady clientele. Responsible for sales, marketing, and day to day managerial duties.

CENTRAL MAINTENANCE SERVICES, Detroit, MI
Facilities Manager / 1974-1984
Responsible for supervising plant operations at various sites. Duties included accounts receivable, accounts payable, customer relations, and personnel.

FLORISTS TRANSWORLD DELIVERY ASSN., Southfield, MI
Field Service Representative / 1970 - 1974
Identified customer needs and problems; promoted new programs; educated members on better business procedures and kept them within the associations' standards.

ROSEVILLE PUBLIC SCHOOLS, Roseville, MI
Teacher / 1965 - 1969
Responsibilities included teaching American History and Physical Education, as well as coaching baseball and football.

REFERENCES

Provided upon request

RECYCLABLE PAPER

RECEIVED

FEB 26 2010

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note only legible applications can be considered)

BOARD OF COMMISSIONERS

I, Patricia Bill, hereby make application for appointment to _____
Name
Community Mental Health Board for Three (3) from April 1, 2010
Name of Board or Commission Number of years Exact Dates of Appointment
to March 31, 2013

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 29488 Red Oak Drive Warren, MI 48092
Street City Zip
Macomb and have since 1988
County

Mailing address if different than above: _____

Telephone: 586/573-7614 Cell Phone: _____

Email: Patsteve3@yahoo.com ATT.NET

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizen of U.S.A.
Country

5. Employer: N/A

Telephone: _____

a. Indicate nature of your work: _____

b. Title: _____

6. Educational level and degrees received: High School

7. I presently hold the following appointments and elected positions:

Title	Appointment or Election Date
Community Mental Health Board Member	May, 1994
Macomb County Board of Canvassers Board Member	March, 1997
City of Warren Zoning Board of Appeals Chairperson	September, 1977

8. Previously held appointments and/or elected positions:

Title	Dates Served
Precinct Delegate	1988-1992

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

NO

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

NO

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

None

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? 16 years

Please indicate your attendance record for the term(s) served 101 / 105
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) Does not include various conferences, trainings or participation in Executive Board, Member Services, etc. committees of the Michigan Association of CMH Boards. Have successfully completed and was certified in the State Association of CMH Boards Governance and Leadership Development Program.

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

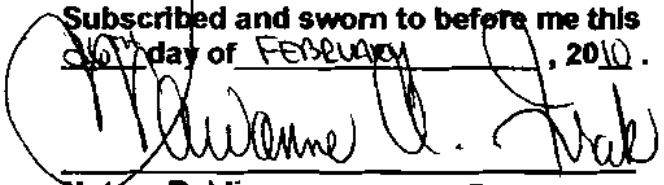
As a parent of a severely retarded & handicapped child, now deceased, I have a special understanding of the needs of those seeking our services. My experience provide insight in making necessary decisions during these difficult financial times. As an Executive Board member of the Michigan Association of Community Mental Health Boards, and Chairperson of the Metro Region, I am able to represent the interests of our County and its citizens on a statewide level.

I hereby apply for appointment to Community Mental Health Board and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Patricia Bill
Signature

Patricia Bill
Name (Print or Type)

Subscribed and sworn to before me this
16th day of FEBRUARY, 2010.



Notary Public
Macomb County, Michigan

MARIANNE A. FRAK
Notary Public, State of Michigan
County of Macomb
My Commission Expires Nov. 14, 2012
Acting in the County of MACOMB

My commission expires:

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: Health & Env. Svces

Chair Review for Compliance: DCP
(Commissioner Sign-off)

(revised 02/09 pd)

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note only legible applications can be considered)

RECEIVED
FEB 26 2010

BOARD OF COMMISSIONERS

I, Louis J. Burdi, hereby make application for appointment to _____
Name

Community Mental Health Board for Three (3) from April 1, 2010
Name of Board or Commission Number of years Exact Dates of Appointment

to March 31, 2013.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 4901 N. Grand Oak Drive, Warren, MI 48092
Street City Zip

Macomb and have since Sept., 1987
County

Mailing address if different than above: _____

Telephone: 586/573/8595 Cell Phone: _____

Email: Burdi5@att.net

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizen of U.S.A.
Country

5. Employer: Retired

Telephone: _____

a. Indicate nature of your work: _____

b. Title: _____

6. Educational level and degrees received: B.A. New York University

7. I presently hold the following appointments and elected positions:

Chairman, Mental Health Board	April, 2003
Title	Appointment or Election Date
Macomb County Charter Commission	2009
Title	Appointment or Election Date
Macomb County Planning Comm.	December, 2002
Title	Appointment or Election Date

8. Previously held appointments and/or elected positions:

City of Warren P & R Director	1964-67
Title	Dates Served
City of Warren Councilman	1969-91
Title	Dates Served
Macomb County Commissioner	1992-94; 1996-2000
Title	Dates Served

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

NO

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

NO

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

None

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? 26 1/2 years total (from 1973)

Vice-Chair 1998-2001; Chairperson: 1977-79; 2003-Current

Please indicate your attendance record for the term(s) served 102 / 105
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) Does not include attendance at various conferences, trainings or participation in Executive Board, Member Services, etc. committees of State Association. Have successfully completed and was certified in the State Association of CMH Boards Governance and Leadership Development Program.

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

As you know, the delivery of mental health services to Michigan is undergoing extreme change. My experience in health care and mental health services will provide Macomb County with assurance that we are receiving the greatest value for our dollars and that the highest quality of services are continued to be provided to our citizens in need.

In the early 1970's, I was responsible, along with several others, in establishing the Michigan Association of Community Mental Health Boards. This Association is well known for its consultation efforts on behalf of CMH issues with both the Governor and the Legislature.

In addition, I continue to serve on the Executive Board of this State Association and I co-chair its Member Services Committee. This service will continue to provide Macomb County with a voice on CMH issues at the State level.

I hereby apply for appointment to Community Mental Health Board and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Louis J. Burdi -
Signature
Louis J. Burdi
Name (Print or Type)

Subscribed and sworn to before me this
6th day of FEBRUARY, 2010.
Marianne A. Frak

Notary Public
Macomb County, Michigan
MARIANNE A. FRAK
Notary Public, State of Michigan
County of Macomb
Commission Expires Nov. 14, 2012
in the County of MACOMB
My commission expires: _____

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:
Overseeing Committee: Health, Env. Svcs
Chair Review for Compliance: DJP
(Commissioner Sign-off)

(revised 02/09 pd)

**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note only legible applications can be considered)

I, Linda K. Busch, hereby make application for appointment to Community
Name
Mental Health Services Board for 3 years from April 1, 2010
Name of Board or Commission Number of years Exact Dates of Appointment
to March 31, 2013.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 38540 L'Anse Creuse Harrison Twp., 48045
Street City Zip
Macomb and have since 1996
County

Mailing address if different than above: _____

Telephone: 586/783-1790 Cell Phone: 586/243-8009

Email: worryfree1kb@yahoo.com

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizen of U.S.A.
Country

5. Employer: Retired from State of Michigan - DHS, wayne Co.

Telephone: _____

- a. Indicate nature of your work: I served 31 years in a variety of positions and
advancements to include, eligibility caseworker, juvenile caseworker, contract
b. Title: administrator, Director of Community Affairs, policy analyst and trainer.
I retired as the County DHS policy coordinator.

6. Educational level and degrees received: Associates Degree from St. Clair County

Community College; BS in Social Sciences - WMU

7. I presently hold the following appointments and elected positions:

N/A

Title **Appointment or Election Date**

Title **Appointment or Election Date**

Title **Appointment or Election Date**

8. Previously held appointments and/or elected positions:

N/A

Title **Dates Served**

Title **Dates Served**

Title **Dates Served**

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

NO

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

NO

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

NONE

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? Nine (9) months

Please indicate your attendance record for the term(s) served 20 / 20
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) Does not include conference attendance, etc.

I also attended statewide Substance Abuse and Recipient Rights Conferences to expand my knowledge of Community Mental Health services.

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

I served as member, vice-chair and chair of the MCCMH Citizens Advisory Council (CAC) so I am very familiar with the services provided as well as the growing need for mental health and substance abuse services in Macomb County. In addition, my career with the Department of Human Services (DHS) provided me first hand experience serving medicaid and mental health clients. Finally, as a person who has experienced depression, I have long advocated for a system which affords citizens access to treatment and prevention services.

I hereby apply for appointment to Community Mental Health Board and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Linda K. Busch
Signature

Linda K. Busch
Name (Print or Type)

Subscribed and sworn to before me this
17th day of FEBRUARY, 2010.

William A. Frak

Notary Public
Macomb County, Michigan

WILLIAM A. FRAK
Notary Public, State of Michigan
County of Macomb
My Commission Expires Nov. 14, 2012
Acting in the County of MACOMB

My commission expires:

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: Health & Env. Svcs

Chair Review for Compliance: DCP
(Commissioner Sign-off)

**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note only legible applications can be considered)

I, Rose Mrosewske, hereby make application for appointment to _____
Name

Community Mental Health Board for Three (3) from April 1, 2010
Name of Board or Commission Number of years Exact Dates of Appointment

to March 31, 2013.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 48100 Mallard New Baltimore, MI 48047
Street City Zip

Macomb and have since January, 1995
County

Mailing address if different than above: _____

Telephone: 586/598-0676 Cell Phone: _____

Email: ramrosewske@comcast.net

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizen of U.S.A.
Country

5. Employer: Mt. Clemens Regional Center

Telephone: 586/493-2979

a. Indicate nature of your work: Registered Nurse

b. Title: _____

6. Educational level and degrees received: Assoc. Degree Nursing; Bachelor's Degree Nursing
Certified RN - Neonatal Nursing; Board Certified Lactation Specialist

7. I presently hold the following appointments and elected positions:

Title	Appointment or Election Date
Community Mental Health Board Member	2002

Title	Appointment or Election Date
-------	------------------------------

Title	Appointment or Election Date
-------	------------------------------

8. Previously held appointments and/or elected positions:

Title	Dates Served
Macomb County Citizens Advisory Council (CAC)	1/1/97 - 3/31/02

Title	Dates Served
-------	--------------

Title	Dates Served
-------	--------------

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

NO

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

NO

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

None

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? 8 years

Please indicate your attendance record for the term(s) served 58 / 87
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) Does not include various conferences, trainings, etc. Have nearly completed the State Association of CMH Boards Governance and Leadership Program.

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

see attached please

I hereby apply for appointment to Community Mental Health Board and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Rose Mrosewske

Signature

Rose Mrosewske

Name (Print or Type)

Subscribed and sworn to before me this
14th day of MARCH, 2010.

Marianne A. Frak
Notary Public
Macomb County, Michigan

MARIANNE A. FRAK
Notary Public, State of Michigan
County of Macomb
My Commission Expires Nov. 14, 2012
in the County of MACOMB

My commission expires: _____

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: Health & Env. Svces

Chair Review for Compliance: DJP
(Commissioner Sign-off)

(revised 02/09 pd)

**Application for Reappointment
Macomb County Community Mental Health Board**

Having been born and raised here in Macomb County, as well as having raised my own family here, I believe that I have some knowledge of this community and its population. Having worked in this county as a registered nurse for over 25 years, gives me a strong back ground in health care as well. I also hold the belief that as a resident, we should give back to our community and my participation on the Community Mental Health Board provides me that privilege.

My involvement with mental health and substance abuse treatments with family members for over 35 years, has allowed me to experience both quality care as well as care that was less than desired and/or needed. The Macomb County Community Mental Health system has made many changes over the years and must continue to do so for the good of all affected. I believe that all persons with mental illness and/or substance abuse issues must be treated as individuals and should receive equal treatment weather served by private insurance and providers or the public mental health system. Participating as a board member allows me to provide the 'voice' of those who are unable to do so for themselves. The mental health system has begun moving toward a more totally integrated provider of services, relying more on evidence based knowledge and best practices, and away from the older 'trial and error' ways used to treat those labeled as mentally ill. We must continue to move forward in helping our community members obtain and/or maintain the best health possible, both physically and mentally.

My 2009 diagnosis of cancer, has limited my attendance recently in comparison to previous years of service. As my treatment moves toward completion, my availability for continued service will once again be less limiting.

Thank you for your consideration,

Rose Mrosewske

Rose Mrosewske

Rose Ann Mrosewske RNC, BSN, IBCLC
48100 Mallard
New Baltimore, MI 48047-2249
(586) 598-0676

WORK HISTORY

1985 - Present
Mount Clemens Regional Medical Center (Mt. Clemens, MI)
Clinical Educator-Maternal Child Division

2005- Present
Baker College (Clinton Township, MI)
Part Time Instructor-Maternal/Child Nursing Practicum

1982-1983
Lenoir Memorial Hospital (Kinston, NC)
Charge/Staff Nurse-Special Care Nursery

EDUCATION

BSN - Bachelor of Science in Nursing
Oakland University - Rochester, MI
Gold Key Honor Society

ADN Associate Degree in Nursing
Wayne Community College - Goldsboro, NC
Phi Theta Kappa

General Education and Business Courses
Macomb County Community College - MI

**LICENSURE &
CERTIFICATION**

RN Licensure in Michigan
NCC Registered Nurse Certification-Low Risk Neonatal
Neonatal Resuscitation Program Instructor
International Board Certified Lactation Consultant
Advanced Life Support in Obstetrics Instructor
Assistant Instructor-Advanced Pediatric Life Support
Certified Resolve Through Sharing Counselor (Perinatal Loss)
Basic Life Support Instructor-American Heart Association

**COMMUNITY
SERVICES**

Macomb County Community Mental Health Board Member
USMC Toys for Tots Committee Member

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note only legible applications can be considered)

I, Mark Michael Koroi, hereby make application for appointment to _____
Name
Community Mental Health Board for 3 years from April 1, 2010
Name of Board or Commission Number of years Exact Dates of Appointment
to March 31, 2013.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 12131 Champaign Warren, MI 48089
Street City Zip
Macomb and have since 2000 (approx).
County

Mailing address if different than above: 150 North Main Street,
Plymouth, MI

Telephone: (734) 459-4040 Cell Phone: none

Email: none

2. I am at least 18 years of age: Yes No
3. I am currently registered to vote: Yes No
4. Citizen of U.S.A.
Country

5. Employer: self-employed
Telephone: (734) 459-4040

a. Indicate nature of your work: Attorney at Law
b. Title: Mark Michael Koroi, Esq.

6. Educational level and degrees received: Associate of Arts - Macomb Community

College (1983); Associate in General Studies - Macomb Community College
(Wayne State) (1986); Bachelor of Arts (Psychology Major); Juris Doctor, Thomas Cooley Law School (1996)

7. I presently hold the following appointments and elected positions:

Precinct Delegate August 2008
Title Appointment or Election Date

Title Appointment or Election Date

Title Appointment or Election Date

8. Previously held appointments and/or elected positions:

Notary Public 1988 - 1992
Title Dates Served

Title Dates Served

Title Dates Served

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

None

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

None

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

None

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? _____

Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

I have a 4-year degree in psychology and in my law practice have been involved with the Michigan Mental Health Code and Revised Probate Code. I have served as both a court-appointed conservator and an attorney for court-appointed fiduciary representatives in the administration of estates of ~~pro~~ protected persons. I also am involved in a considerable amount of litigation involving individuals with traumatic brain injury limitations.

I hereby apply for appointment to _____ and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Mark Michael Koraj
Signature

Mark Michael Koraj
Name (Print or Type)

Subscribed and sworn to before me this
11 day of March, 2010.

Kary L. Daptes
Notary Public
Macomb County, Michigan

My commission expires: 6/7/2012

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: Health & Env. Svcs

Chair Review for Compliance: DJP
(Commissioner Sign-off)

RECYCLABLE PAPER



BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor
Mount Clemens, Michigan 48043
586-469-5125 FAX 586-469-5993
macombcountymi.gov/boardofcommissioners

March 18, 2010

TO: Honorable Commissioners
FROM: Chairman Paul Gielegghem *PG*
RE: Cobo Citizens Advisory Council

I request you concur with my appointment of Mr. Roger Petri to the Cobo Citizens Advisory Council for a 4-year term beginning April 1, 2010 and extending through March 31, 2014.

This appointment will be voted on at the March 25, 2010, Full Board Meeting.

Thank you.

:pd

MACOMB COUNTY BOARD OF COMMISSIONERS

Andrey Duzij - District 1
Marvin E. Sauger - District 2
Phillip A. DiMaria - District 3
Tom Mocerri - District 4
Susan L. Doherty - District 5

Sue Rocca - District 7
David Flynn - District 8
Robert Mijac - District 9
Ken Lampar - District 10
Ed Szczepanski - District 11

James L. Carabelli - District 12
Don Brown - District 13
Brian Brdak - District 14
Keith Rengert - District 15
Carey Torrice - District 16

Paul Gielegghem
District 19
Chairman

Ed Bruley - District 17
Dana Camphous-Peterson - District 18
Irene M. Kepler - District 21
Frank Accavitti Jr. - District 22

Kathy Tocco
District 20
Vice Chair

Joan Flynn
District 6
Sergeant-At-Arms

William A. Crouchman - District 23
Michael A. Boyle - District 24
Kathy D. Vosburg - District 25
Jellery S. Sprys - District 26

**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note only legible applications can be considered)

I, **Roger Petri**, hereby make application for appointment to

Name

Cobo Citizens Advisory Council

Name of Board or Commission

for 4

Number of years

from ^{April 1} ~~March~~ 2010 to March 2014

Exact Dates of Appointment

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)

)ss

COUNTY OF MACOMB)

1. I reside at: **29498 Ashland Ave**

Street

Harrison Township

City

48045

Zip

Macomb and have since 2009.

County

Mailing address if different than above: _____

Telephone: 586-469-0086 Cell Phone: 586-524-0510

Email: rogerdpetri@gmail.com

2. I am at least 18 years of age: Yes x

3. I am currently registered to vote: Yes x

4. Citizen of: **United States of America**

Country

5. Employer: **Retired**

Telephone: _____

a. Indicate nature of your work: _____

b. Title: _____

6. Educational level and degrees received: Kimball High School, Culinary Institute Hyde Park New York, Macomb Community College Culinary Degree.

7. I presently hold the following appointments and elected positions:

Vice President of the Care House of Macomb County 1996
Title Appointment or Election Date

Civil Service Commissioner in Harrison Township 2004
Title Appointment or Election Date

ZBA of Harrison Township 2009
Title Appointment or Election Date

8. Previously held appointments and/or elected positions:

Advisory Board St. John North Shore Hospital 2000-
Title Dates Served

Past Chair Person Macomb County Chamber of Commerce
Title Dates Served

Past Board Member of the Lanse Creuse Foundation
Title Dates Served

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment. NO

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment). NO

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

12. Is this an application for reappointment? No x

If yes, how many years have you served on this board? _____

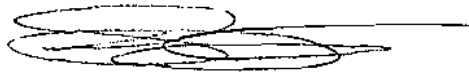
Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

13. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

I have 38 years of knowledge in the Food & Beverage, Catering and Convention industry and all my many years and interests in Macomb County

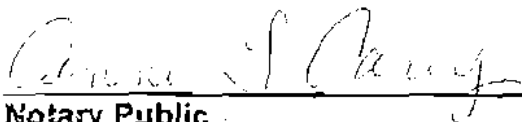
I hereby apply for appointment to the Cobo Citizens Advisory Council and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.



Signature

Roger D. Petri
Name (Print or Type)

**Subscribed and sworn to before me this
11th day of March, 2010.**



**Notary Public
Macomb County, Michigan**

My commission expires: 8/29/2014

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: _____  _____

Chair Review for Compliance: _____
(Commissioner Sign-off)

(Revised 02/09 Pd)

Roger D. Petri
29498 Ashland Ave #203
Harrison Township, Mi 48045
Residence: 586-469-0086
Cell: 586-524-0510
Email: rogerpetri@aol.com

CAREER SUMMARY

A hospitality industry professional with experience in all aspects. I have demonstrated expertise in the following areas.

Executive Chef/Corporate Chef
Sommelier
Training

General Manager
Food & Beverage Manager
Director of Operations

PROFESSIONAL EXPERIENCE

MacRay Harbor Restaurant & Event Center, Harrison Township, MI 1994-2007
Director of Operations – World class waterfront restaurant and event center overlooking beautiful Lake St. Clair with a 535 seat restaurant and a 250 seat Ball Room, Pool Side Café, Convenience Store with dock side service and full service off site catering for up to 1,000 people. Development in hiring and training staff, purchasing, supervision of multiple operations, forecasting, budgeting, profit and loss statements.

Responsible for concept development, restaurant and kitchen design, Menu and Wine List four time recipient of:
The Wine Spectator's Best of Award of Excellence.

Annual food and beverage volume up to \$8.5 million with a 34% food cost and a 24% beverage cost

Downey Restaurant Group **1992-1994**
Food and Beverage Director at the Campus Inn in Ann Arbor Michigan – Responsible for a 150 seat restaurant, bar, banquet center and room service. Annual sales of \$2.5 million.

Manuel's gourmet Mexican restaurant **1988-1992**
West Bloomfield Michigan – Owner / Operator of a 175 Seat restaurant and bar With sales of \$1.5million. Responsible for design, recipes, hiring and training, office and hands on management of the business.

OTHER EMPLOYMENT – Executive Chef, Floor Manager and General Manager Of The Fox & Hound's, Archibald's and The Spaghetti Company. Additional experience upon request.

2007-PRESENT – Retired and disabled with peripheral neuropathy.

RECYCLABLE PAPER



BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor
Mount Clemens, Michigan 48043
586-469-5125 FAX 586-469-5993
macombcountymi.gov/boardofcommissioners

February 2, 2010

TO: Honorable Commissioners

FROM: Paul Gielegem, Chairman *PG*

RE: Appointments to the Community Corrections Advisory Board

The members of the Community Corrections Board request the Board of Commissioners concur with their nominations of the following for reappointment to the Community Corrections Advisory Board.

Reappoint:

- Honorable Peter J. Maceroni, District Court Judge
- Honorable Pamela G. O'Sullivan, Circuit Court Judge
- Honorable Joseph Craigen Oster, Probate Court Judge

These three-year terms expire March 31, 2013.

Thank you.

:pd

MACOMB COUNTY BOARD OF COMMISSIONERS

Andrey Duzaj - District 1
Marvin F. Sauger - District 2
Phillip A. DiMaria - District 3
Toni Moore - District 4
Susan L. Doherty - District 5

Sue Rocca - District 7
David Flynn - District 8
Robert Mijac - District 9
Ken Lampar - District 10
Ed Szczepanski - District 11

James L. Carabelli - District 12
Don Brown - District 13
Brian Brdak - District 14
Keith Rengert - District 15
Carey Torrice - District 16

Paul Gielegem
District 19
Chairman

Ed Bruley - District 17
Dana Camphous-Peterson - District 18
Irene M. Kepler - District 21
Frank Accavitti Jr. - District 22

Kathy Toccos
District 20
Vice Chair

Joan Flynn
District 6
Sergeant-At-Arms

William A. Crouchman - District 23
Michael A. Boyle - District 24
Kathy D. Vosburg - District 25
Jeffery S. Sprys - District 26



COMMUNITY CORRECTIONS

43565 Elizabeth St.
Mount Clemens, MI 48043-1090
586-307-9443 Fax 586-469-6436
macombcountymi.gov/communitycorrections

Russell J. McPeak
Director

Linda Verville
Asst. Director

January 19, 2010

Paul Gielegem, Chair
Macomb County Board of Commissioners
Mt. Clemens, Michigan 48043

RE: REAPPOINTMENTS TO THE MACOMB COUNTY
COMMUNITY CORRECTIONS ADVISORY BOARD

Chair Gielegem:

On January 6, 2010, at the scheduled Community Corrections Advisory Board (CCAB) meeting, the three judges on the Board, Honorable Peter J. Maceroni, Honorable Pamela G. O'Sullivan, and the Honorable Joseph Craigen Oster agreed to submit their names for reappointments for a three year term, April 1, 2010 – March 31, 2013.

The CCAB Board has approved the above recommendations for submission to the Board of Commissioners.

The Community Corrections Advisory Board is requesting the Board of Commissioners' approval on the above mentioned judges for reappointments on the ~~February~~ full Board agenda.

March

Sincerely,

Russell McPeak
Director of Macomb County Community Corrections

Cc: Honorable Peter J. Maceroni
Circuit Court Judge/Chair of Macomb County Community Corrections Advisory Board

Attachments: applications

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note only legible applications can be considered)

I, JOSEPH C. OSTER, hereby make application for appointment to COMMUNITY
Name
CORRECTIONS ADVISORY BOARD for 3 from 4-1-2010
Name of Board or Commission Number of years Exact Dates of Appointment
to 3-31-2013.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 21432 Ridgeway St., St. Clair Shores, 48080
Street City Zip
Macomb and have since 6/1999.
County

Mailing address if different than above: _____

Telephone: 586 779-1935 Cell Phone: 586 484-7215

Email: Joster@scsmi.net

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizen of U.S.A
Country

5. Employer: STATE OF MICH / CITY OF ST. CLAIR SHORES

Telephone: 586 445-5385

a. Indicate nature of your work: DISTRICT COURT JUDGE

b. Title: 40th DISTRICT COURT JUDGE

6. Educational level and degrees received: J.D. 1992, U-D School of Law,
A.B., 1986, Univ. of Michigan

7. I presently hold the following appointments and elected positions:

<u>40th Dist CP Judge</u>	<u>11/96, 11/02, 11/08</u>
Title	Appointment or Election Date
<u>President, Macomb County Domestic Violence Council, 2007, 2009(?)</u>	
Title	Appointment or Election Date
<u>Chair, Shores Network for Action & Prevention</u>	<u>2009</u>
Title	Appointment or Election Date

(SNAP)

8. Previously held appointments and/or elected positions:

Title	Dates Served
Title	Dates Served
Title	Dates Served

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

no

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

no

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

Craig J. Oster, Father, Board of Supervisors 1968-1970
Paul Oster, Brother, Macomb Co Youth Home
Rebecca Kelly Oster, Macomb Co Prosecutor's Office, Macomb Co Youth
Sister-in-law Home

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? _____

Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

13. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

District judge for 13+ years. Work closely with fellow district judges. Hope to implement programs designed to make Macomb County safer and reduce jail population.

Macomb County
Corrections Advisory Board

I hereby apply for appointment to Macomb County Corrections Advisory Board and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Joseph C Oster
Signature

JOSEPH CRAIG OSTER
Name (Print or Type)

Subscribed and sworn to before me this 6th day of JANUARY, 2010.

Donald J. Hawsey
Notary Public
Macomb County, Michigan

My commission expires: 8-26-11

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: _____

Chair Review for Compliance: _____
(Commissioner Sign-off)

(revised 02/09 pd)

**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note only legible applications can be considered)

I, Honorable Peter J. Maceroni, hereby make application for appointment to _____
Name
Community Corrections Advisory Board for three years from April 1, 2010
Name of Board or Commission Number of years Exact Dates of Appointment
to March 31, 2013.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 19911 Blackfoot Dr. Clinton Twp., MI 48038
 Street City Zip
Macomb and have since 2003
 County

Mailing address if different than above: Macomb County Circuit Court, 40 N. Main Street
Mt. Clemens, MI 48043

Telephone: 586-226-8760 Cell Phone: 586-536-5079

Email: peter.maceroni@macombcountymi.gov

2. I am at least 18 years of age: Yes No
3. I am currently registered to vote: Yes No
4. Citizen of U.S.A.
 Country

5. Employer: Macomb County
Telephone: 586-469-5822

- a. Indicate nature of your work: Circuit Court Judge
- b. Title: Macomb County Circuit Court Judge

6. Educational level and degrees received: J.D. Wayne State University Law School,
B.A. Hillsdale College

7. I presently hold the following appointments and elected positions:

Macomb County Circuit Court Judge	November 2008
Title	Appointment or Election Date

	Appointment or Election Date
--	-------------------------------------

	Appointment or Election Date
--	-------------------------------------

8. Previously held appointments and/or elected positions:

Macomb County Circuit Court Judge	originally elected in November 1990, re-elected in 1996, 2002, 2008
Title	Dates Served

	Dates Served
--	---------------------

	Dates Served
--	---------------------

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

No

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

No

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

Patrick Maceroni - Macomb County Deputy Sheriff, Melissa Maceroni - Court Administrator's office
James Maceroni - elected 2008 Macomb County Charter Commissioner

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? _____

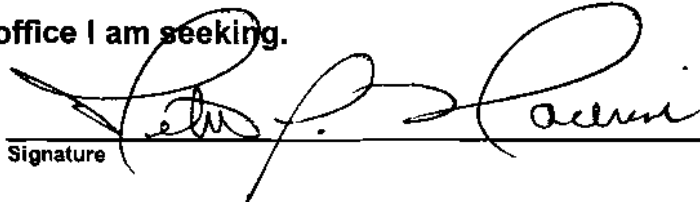
Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

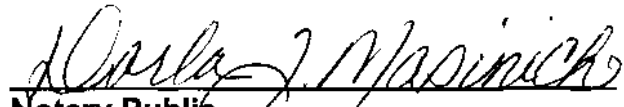
13. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

Circuit Court Judge since January 1, 1991. Served as Chief Judge from 1992 thru 2004.

I hereby apply for appointment to Community Corrections Advisory Bd. and do swear or affirm **Board or Commission** that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.


Signature
Peter J. Maceroni
Name (Print or Type)

Subscribed and sworn to before me this 7th day of January, 2010.


Notary Public
Macomb County, Michigan
DARLA J. MASINICK
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES Apr 26, 2013
My commission expires: ACTING IN COUNTY OF Macomb

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference -- up to two pages
- Letter of Intent -- up to one page

The following is for Board Office use only:

Overseeing Committee: _____

Chair Review for Compliance: _____
(Commissioner Sign-off)

(revised 02/09 pd)

**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note only legible applications can be considered)

I, Pamela Gilbert O'Sullivan , hereby make application for appointment to Community
Name

Corrections Advisory Board for from
Name of Board or Commission Number of years Exact Dates of Appointment

to

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 48476 Harbor Drive, Chesterfield Township, MI 48047
Street City Zip
Macomb **and have since** Chesterfield Twp. since 1995
County Lifelong resident of Macomb County

Mailing address if different than above:

Telephone: 586-469-7149 Cell Phone: 586-201-5662

Email: Pamela.O'Sullivan@macombcountymi.gov

- 2. I am at least 18 years of age: Yes No
- 3. I am currently registered to vote: Yes No
- 4. Citizen of United States
Country
- 5. Employer: Macomb County
- Telephone: 586-469-7149

- a. Indicate nature of your work: Macomb County Probate Court
- b. Title: Macomb County Probate Judge

6. Educational level and degrees received: Please see attached.

7. I presently hold the following appointments and elected positions:

 Please see attached.

Title	Appointment or Election Date
-------	------------------------------

Title	Appointment or Election Date
-------	------------------------------

Title	Appointment or Election Date
-------	------------------------------

8. Previously held appointments and/or elected positions:

 Please see attached.

Title	Dates Served
-------	--------------

Title	Dates Served
-------	--------------

Title	Dates Served
-------	--------------

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

 No.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

 No.

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

none

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? _____

Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held


Comments/Clarification (only if necessary) _____

13. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

As a sitting Probate Judge, I have served on the Community Corrections Advisory Board
for many years.

Board

I hereby apply for appointment to Community Corrections Advisory **and do swear or affirm**
that (1) if appointed, I will comply with all statutory and other requirements and obligations of
my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said
appointed position; (3) I hold no position or appointment which is a conflict of interest with the
appointed position applied for; and (4) to the best of my knowledge and belief, I possess the
requisite qualifications for the office I am seeking.

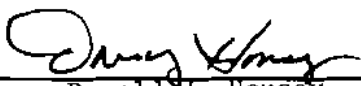


Signature

Hon. Pamela Gilbert O'Sullivan

Name (Print or Type)

Subscribed and sworn to before me this
7th day of January, 2010.



Notary Public Donald J. Housey
Macomb County, Michigan

My commission expires: 8-26-11

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

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Overseeing Committee: _____

Chair Review for Compliance: _____
(Commissioner Sign-off)

(revised 02/09 pd)

PAMELA GILBERT O’SULLIVAN
PROBATE JUDGE
MACOMB COUNTY PROBATE COURT

Judge O’Sullivan received her Bachelor of Science degree from the University of Detroit, a Juris Doctor degree from Thomas M. Cooley Law School, and a Post Doctorate Masters degree from Boston University School of Law. She attended the National Judicial College at the University of Reno, Nevada.

Judge O’Sullivan was elected Probate Judge in November 1994 and appointed by the Michigan Supreme Court as Chief Probate Judge. She has served as a member of the Michigan Judicial Institute Faculty and the Michigan Judicial Institute Academic Advisory Committee. She also served as a faculty member of the Michigan Institute of Continuing Legal Education.

She was appointed by both Governors Engler and Granholm to the Governor’s Task Force on Children’s Justice and has served since 1999. She was also appointed to serve on the Adult Community Corrections Advisory Board.

Judge O’Sullivan is a member of numerous National and State Judicial Associations. She is a State Court Administrative Office Approved General Civil Mediator.

In 1999, Judge O’Sullivan established the State’s second Juvenile Drug Court to provide accountability and substance abuse treatment.

Judge Pamela Gilbert O’Sullivan served on the Board of Directors of the Care House - Child Advocacy Center, CARE – Community Assessment and Referral Education, the Human Services Coordinating Body, the Traffic Safety Association of Macomb County and Childhelp, USA and as Trustee of Leadership Macomb and the Macomb Art Center. She has been a member of the Selfridge Air National Guard Base Community Council. She served on the Advisory Committee for the Michigan Court Improvement Program.

Her awards include a Certificate of Tribute from Governor Granholm for her work on the Governor’s Task Force on Elder Abuse, the Women of Distinction Award from the Girl Scouts, St. Joseph Mercy of Macomb Medallion Award, Conflict Resolution Advocacy Award for establishing the Juvenile Victim Offender Restitution Program, Intermediate School District’s Award for Service to Schools, Childhelp, USA Compassionate Angel Award, AFSCME 411 Woman of the Year and Ms. Zip Award for the Obligation of Duty.

Judge O’Sullivan is a lifetime resident of Macomb County where she resides with her three sons. In addition, she is a Master Gardener.

PAMELA GILBERT O'SULLIVAN

EDUCATION

Boston University School of Law, Boston, MA
Graduate Tax Program
LL.M. in Taxation, May 1984
Activities: International Law Society

Thomas M. Cooley Law School, Lansing, MI
J.D., May 1983
Honors: Moot Court Quarter Finalist, 1982
National Appellate Advocacy Team, 1982-1983
Harry A. Gair Memorial Scholarship
Deans List
Activities: Senator, Student Bar Association
Academic Committee, Student Bar Association
Officer, Delta Theta Phi Law Fraternity
Member of Order of Society of Barristers
Member, Law Student Section of A.B.A. and M.B.A.

University of Detroit, Detroit, MI
B.S. cum laude, Marketing Management, May 1980
Honors: Deans List
Activities: Intercollegiate Marketing Competition
Small Business Administration Case Analyst

National Judicial College
University of Reno, Nevada, 1997

EMPLOYMENT

Macomb County Probate Court, Mt. Clemens, MI
Chief Judge of Probate Court (1999 to 2008) - Appointed by Supreme Court
Elected to term beginning January 1, 1995
Re-elected to second term beginning January, 2001
Re-elected to third term beginning January, 2007

Macomb County Community College, Warren, MI
Instructor - Real Estate Law and Business Law.
1990 - 1995.

Pamela Gilbert O'Sullivan, Attorney at Law, Mt. Clemens, MI
Private Practice, specializing in Real Estate,
Taxation, Estate Planning, Probate and Corporate Matters.
1990 - 1995.

O'Sullivan, Beauchamp, Kelly and Whipple, Port Huron, MI

Associate - Responsible for drafting opinions regarding the administration and compliance of Employee Benefit Plans. Drafted Corporate documents, researched and drafted opinions on tax issues. 1989-1990.

Freeman McKenzie, P.C., Mt. Clemens, MI

Associate - Individual and Corporate Tax Counsel; Probate and Estate Planning; Federal and State tax return preparation; Real Estate tax opinions; Drafting Corporate documents, Buy-Sell Agreements, Contracts, Purchase Agreements. 1986 - 1988.

General Motors Corporation, Detroit, MI

Tax Specialist - Federal Tax Administration
Duties Included: complying with I.R.S. Summons regarding criminal tax matters; drafting statements in support of claims for refunds; preparing subsidiary income tax returns; analyzed proposed Income Tax Regulations and Procedures; drafting technical legal memoranda on various tax matters; responsible for coordinating the preparation of General Motors 1984 consolidated Federal income tax return, 1984 - 1986.

Thomas M. Cooley Law School, Lansing, MI

Law Library Assistant - Conducted research for school faculty, judges, lawyers, and students of the school. Also responsible for the cataloguing and shelving of books, 1981 - 1982.

American Motors Corporation, Plymouth, MI

Junior Buyer/Analyst - Involved with the importation of Renault vehicles from France, analyzed and forecasted fluctuations in raw material costs. Purchased fasteners for American Motors passenger cars and Jeeps, 1978 - 1979.

Member of the Michigan State Bar, American Bar Association, and the Macomb County Bar Association, National Probate Judges Association, Michigan Probate Judges Association, Licensed to practice in the U.S. Tax Court and the U.S. District Court. Certified trained Civil Mediator. Serves on Advisory Committee for the Michigan Court Improvement Program and Governor's Task Force on Elder Abuse and the Governor's Task Force on Children's Justice.

Dated: December, 2009